

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

ADDRESS (number and street)

501 E. MAIN STREET

SUITE 200

Check if different
than previously
reported. (ACC)

WINDSOR

CO

80550-3150

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00481200

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2020

through

M M M / D D D / Y Y Y Y Y Y
09 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

WALTER, BARRY, , , JR.

Type or Print Name of Treasurer

Signature of Treasurer

WALTER, BARRY, , , JR.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22288.00	46435.00
(ii) Unitemized	104663.83	170307.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	126951.83	216742.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	126951.83	216742.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	80000.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	4914.12
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	80590.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	126951.83	382247.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	126951.83	382247.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2894.67	45902.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2894.67	45902.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	78000.00
24. Independent Expenditures (use Schedule E)	359.28	32009.77
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	240.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	240.00
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	64324.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47253.95	220476.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47253.95	220476.19

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	126951.83	216742.46
34. Total Contribution Refunds (from Line 28(d))	0.00	240.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126951.83	216502.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2894.67	45902.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	4914.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2894.67	40988.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALEXIE, NELS, , ,

Mailing Address PO BOX 591

City
BETHELState
AKZip Code
99559-0591FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2020

Transaction ID : AC04F2D9853A546ABA90

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, ARNOLD, , ,

Mailing Address 1375 82ND AVE SE

City
SALEMState
ORZip Code
97317-9073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ODOTOccupation (for Individual)
RETIRED ENG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : ADF529AF4E2B041F1B5E

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLAKE, THOMAS, , ,

Mailing Address 114 N MAIN ST

City
LA VERKINState
UTZip Code
84745FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : A4EF42979B8D64B16A5D

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOWMAN, MCLEAN, , ,

Mailing Address PO BOX 12199

City
SAN ANTONIOState
TXZip Code
78212-0199FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
09	28	2020

Transaction ID : A8C40D93232DF4E38A69

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRINK, C., , ,

Mailing Address PO BOX 188966

City
SACRAMENTOState
CAZip Code
95818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
09	25	2020

Transaction ID : A18F0295FEC14450DB4B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUTTON, TERRY, , ,

Mailing Address PO BOX 164

City
SACATONState
AZZip Code
85147-0003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUTTON & BOHNEE FARMS PARTNERSHIPOccupation (for Individual)
FARMER/MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
09	28	2020

Transaction ID : A88CF3F5D7AA54BA886E

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAMPAGNE, ALBERT, , ,

Mailing Address 1194 WESTHAMPTON RD

City
FLORENCE

State
MA

Zip Code
01062-9794

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2020

Transaction ID : A7D7307C9C5F24C8D878

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAPPELLET, CYRIL, , ,

Mailing Address 1581 SAGE CANYON RD

City
SAINT HELENA

State
CA

Zip Code
94574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHAPPELLET VINEYARDS

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2020

Transaction ID : A8FB9BE454995494AA23

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAPPELLET, CYRIL, , ,

Mailing Address 1581 SAGE CANYON RD

City
SAINT HELENA

State
CA

Zip Code
94574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHAPPELLET VINEYARDS

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2020

Transaction ID : A0E56F18411144305A52

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLEMAN, GEORGE, , ,

Mailing Address 595 ROXBURY DR

City
NAPERVILLEState
ILZip Code
60565FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2020

Transaction ID : A047773406EA145E5A95

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONRAD, RAYMOND, E., MR.,

Mailing Address PO BOX 3687

City
PLANT CITYState
FLZip Code
33563-0011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2020

Transaction ID : A14F4E459CE244CE4BB2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOK, LEONARD, , ,

Mailing Address 5574 STATE ROUTE 28N

City
NEWCOMBState
NYZip Code
12852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2020

Transaction ID : AAC5CB16732FC4301991

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

800.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOVERT, ISABELLE, , ,

Mailing Address 2 DEACON DR

City
SAINT LOUIS

State
MO

Zip Code
63131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2020

Transaction ID : AF21068EA66334B56AA8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COYNE, JEROME, D., ,

Mailing Address 7825 W 400 N

City
MICHIGAN CITY

State
IN

Zip Code
46360-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2020

Transaction ID : A651631CBAF8A4CF5BBB

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRUM, JERALD, , ,

Mailing Address 3251 MAPLEGROVE AVE

City
LOUISVILLE

State
OH

Zip Code
44641-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : AAF4895F72C9E4EEBB76

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CURTIS, THOMAS, , ,

Mailing Address 1100 NE LOOP 410 STE 540

City
SAN ANTONIO

State
TX

Zip Code
78209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FAST FOOD FRANCHISEE

Occupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2020

Transaction ID : A7118F6234BA540FE8B8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DESIATO, GREGG, , ,

Mailing Address 2011 COOK RD

City
BALLSTON LAKE

State
NY

Zip Code
12019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKER

Occupation (for Individual)
NYSEG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2020

Transaction ID : AE600BAE8CE7C4491869

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DRUMMOND, ADELL, , ,

Mailing Address 266 RICE BLUFF RD

City
PAWLEYS ISLAND

State
SC

Zip Code
29585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2020

Transaction ID : A7508489A7C7444A3A8B

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUPHINEY, ROBERT, , ,

Mailing Address 500 PARK BLVD S
APT 56

City
VENICE

State
FL

Zip Code
34285-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2020

Transaction ID : AE1DCBBB9F9BA416C86F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAUTH, RICHARD, , ,

Mailing Address 4292 W 14TH STREET DR

City
GREELEY

State
CO

Zip Code
80634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2020

Transaction ID : A368C0E103452459CADA

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRETTER, JOHN, , ,

Mailing Address 12500 EDGEWATER DR APT 907

City
LAKEWOOD

State
OH

Zip Code
44107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2020

Transaction ID : A650F4DE2E9D54B3AAB7

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRIFFITH, KEN, , ,

Mailing Address PO BOX 158

City
LONDONState
ARZip Code
72847-0158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2020

Transaction ID : A29E56E34333544DD8F6

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROVES, HELEN, , ,

Mailing Address 112 E PECAN ST

C/O GROVES ALEXANDER GROUP L L C

City
SAN ANTONIOState
TXZip Code
78205-1577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2020

Transaction ID : AD2573C60A77A4332866

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMILTON, JAMES, P., MR., SR.

Mailing Address 143 STONE RIDGE RD

City
LEESVILLEState
SCZip Code
29070-7295FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED AIRCRAFT PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2020

Transaction ID : A34C0DD919AF347CB896

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRIS, JOHN, , ,

Mailing Address 190 JERSEY ST

City
SOUTH AMBOY

State
NJ

Zip Code
08879-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIX FLAGS

Occupation (for Individual)
WAREHOUSEMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2020

Transaction ID : A13818F26BC534083AA7

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRISON, LARRY, , ,

Mailing Address 209 MATSQUI RD

TRUST OF LARRY AND LUBICA HARRISON

City
ANTIOCH

State
CA

Zip Code
94509-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2020

Transaction ID : A23B4B9470D0244AF8DF

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUNEKE, TIM, , ,

Mailing Address 304 CHESTER AVE

City
BELLECHESTER

State
MN

Zip Code
55027-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2020

Transaction ID : A842AAA7ED83E4A53A11

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IRWIN, KEITH, , ,

Mailing Address 9055 CAMINO DEL AVION

City
GRANITE BAY

State
CA

Zip Code
95746-5856

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : A6E8EDB6E728B4423970

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, ETHAN, , ,

Mailing Address PO BOX 402

City
TOK

State
AK

Zip Code
99780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2020

Transaction ID : AB8B7F714374A4247803

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KASPAR, DAN, , ,

Mailing Address 2380 COUNTY ROAD 319

City
YOAKUM

State
TX

Zip Code
77995-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2020

Transaction ID : AF8D1DC5668514AF88BB

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEEFER, RICH, , ,

Mailing Address 900 SEQUOIA AVE

City
MILLBRAEState
CAZip Code
94030-3008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEL MONTE FOODSOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : A302993D56BEA4BE282D

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIRK, MARION, , ,

Mailing Address 15534 SOMONAUK RD

City
DEKALBState
ILZip Code
60115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2020

Transaction ID : A69445A70003A474D844

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNIGHT, RUSSELL, , ,

Mailing Address 3673 LONE LOOKOUT RD

City
TRAVERSE CITYState
MIZip Code
49686-3983FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2020

Transaction ID : A82281AF97E954A43A7C

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNUPPPEL, HERMAN, J., MR.,

Mailing Address 38 SIOUX TRL

City
TULAROSAState
NMZip Code
88352-9680FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4900.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	02	2020

Transaction ID : A5BDEE72F59DD4762AF8

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, ALFRED, , MR.,

Mailing Address PO BOX 360

City
NAVAJOState
NMZip Code
87328-0360FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED/RETIREDOccupation (for Individual)
RANCHER/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	02	2020

Transaction ID : ACF28285621BD4FE2BE7

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, ROBERT, , ,

Mailing Address 637 NW 8TH AVE UNIT 3

City
MILTON FREEWATERState
ORZip Code
97862FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SMITH FROZEN FOODSOccupation (for Individual)
SECURITY GUARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	14	2020

Transaction ID : ABCD80AF4D6E54BD5A61

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2900.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELSON, MICHAEL, , ,

Mailing Address 9682 W TWIN LAKES RD

City
RATHDRUM

State
ID

Zip Code
83858-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2020

Transaction ID : A092B77E8930B448D815

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSENBERRY, JIM, , ,

Mailing Address 257 CHAPEL RD

City
WHEELING

State
WV

Zip Code
26003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2020

Transaction ID : AD1A70FD8162A49B8BCB

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, CHARLOTTE, , ,

Mailing Address PO BOX 116

City
MANSFIELD

State
PA

Zip Code
16933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2020

Transaction ID : AAE26354D0A8B46D2904

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPURLOCK, JAMES, , ,

Mailing Address PO BOX 92

City
STRATFORDState
TXZip Code
79084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2020

Transaction ID : AB965DEC80A3A4FEDA63

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEVEN, STODDARD, , ,

Mailing Address 6255 TURPIN HILLS DR

City
CINCINNATIState
OHZip Code
45244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN AIRLINESOccupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2020

Transaction ID : AC0016E8735474E4B839

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STOCKWELL, DAVID, , ,

Mailing Address 1918 DANUBE WAY

City
BOLINGBROOKState
ILZip Code
60490FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2020

Transaction ID : A4EBB8E3A4CB1464293F

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UVACEK, BOHUMIR, , ,

Mailing Address 1622 WELFORD CIR

City
HAYWARD

State
CA

Zip Code
94544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CEPHASONICS

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2020

Transaction ID : ABD11B144BE7C4046977

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEAVER, JOHN, , ,

Mailing Address 8980 E 1350 NORTH RD

City
BLOOMINGTON

State
IL

Zip Code
61705-6698

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2020

Transaction ID : A1C68107E4BEB41009E3

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELCH, DAVID, , ,

Mailing Address 426 ZACHARY DR

City
MANHEIM

State
PA

Zip Code
17545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : A292AC32E19704D1CAFD

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, DIANE, , ,

Mailing Address 13569 DONNER PASS RD

City
TRUCKEE

State
CA

Zip Code
96161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
MEDICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : A8E88816C1DA24B1BAC4

Amount of Each Receipt this Period

263.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODHOUSE, MARILYN, , ,

Mailing Address 650 RAMBLEWOOD RD

City
HOUSTON

State
TX

Zip Code
77079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2020

Transaction ID : AFC2A11CC9AEB4113B16

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1763.00

22288.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. CPMM SERVICES GROUP INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2020

Mailing Address 3785 INDIANOLA AVE

City
COLUMBUSState
OHZip Code
43214-3754Purpose of Disbursement
POSTAGE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : B1551249EB

Amount of Each Disbursement this Period

1987.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	01	/	2020

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
ONLINE ADVERTISINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : BF2577FF19C

Amount of Each Disbursement this Period

633.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2020

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
ONLINE ADVERTISINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : B10E268ED8

Amount of Each Disbursement this Period

224.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2845.72

TOTAL This Period (last page this line number only).....▶

2845.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2020

Mailing Address 700 R ST
UNIT 83978City
LINCOLNState
NEZip Code
68501-0349Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

SASSE, BENJAMIN, E, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: NE

District:

FEC Identification Number

C C00547976**Transaction ID : BA812AFB1C**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF NICK FREITAS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2020

Mailing Address PO BOX 113

City
CULPEPERState
VAZip Code
22701-0113Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

FREITAS, NICK, J, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA

District: 07

FEC Identification Number

C C00729335**Transaction ID : BEA8C69E8F**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GUN RIGHTS AMERICA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2020

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

GUN RIGHTS AMERICA

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

ANNUAL

FEC Identification Number

C C00742635**Transaction ID : B9018034C5.**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. JIM JORDAN FOR CONGRESS

Mailing Address PO BOX 355

City
DELAWAREState
OHZip Code
43015-0355Purpose of Disbursement
CONTRIBUTION

012

Category/
Type

Candidate Name

JORDAN, JAMES, D, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2020

FEC Identification Number

C C00416594**Transaction ID : B167A9E360/**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LATURNER FOR SENATE

Mailing Address PO BOX 67237

City
TOPEKAState
KSZip Code
66667-0237Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

LATURNER, JAKE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2020

FEC Identification Number

C C00693572**Transaction ID : B7DCC27210/**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MATT ROSENDALE FOR MONTANA

Mailing Address PO BOX 4907

City
HELENAState
MTZip Code
59604-4907Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

ROSENDALE, MATT, MR., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2020

FEC Identification Number

C C00548289**Transaction ID : B3B1027962/**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. MESSNER FOR SENATE

Mailing Address 33 N KENNEY SHR

City
WOLFEBOROState
NHZip Code
03894-4926Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

MESSNER, BRYANT 'CORKY', S., ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	0		

FEC Identification Number

C C00713412**Transaction ID : B2AD059250'**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PATRIOTS FOR PERRY

Mailing Address PO BOX 633

City
NEW CUMBERLANDState
PAZip Code
17070-0633Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

PERRY, SCOTT, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify)

State: PA District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	0		

FEC Identification Number

C C00510164**Transaction ID : BC239526602**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

42000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. AARON YATES FOR STATE REPRESENTATIVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2020

Mailing Address 1890 STAR SHOOT PKWY

City
LEXINGTONState
KYZip Code
40509-4566Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : BA5B10D9F0

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

2000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CPMM SERVICES GROUP INC.Nature of Debt (Purpose):
POSTAGE

Mailing Address 3785 INDIANOLA AVE

City
COLUMBUSState
OHZip Code
43214-3754

Outstanding Balance Beginning This Period

0.00

Transaction ID : DCE6296657DF44003A91

Amount Incurred This Period

1930.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1930.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FACEBOOK, INC.Nature of Debt (Purpose):
ONLINE ADVERTISING; BILL PAYMENT OF
PREVIOUSLY REPORTED MEMO I/E
EXPENDITURE.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456

Outstanding Balance Beginning This Period

633.89

Transaction ID : DD24C5912033C47A2814

Amount Incurred This Period

0.00

Payment This Period

633.89

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FACEBOOK, INC.Nature of Debt (Purpose):
ONLINE ADVERTISING; BILL PAYMENT OF
PREVIOUSLY REPORTED MEMO I/E
EXPENDITURE.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456

Outstanding Balance Beginning This Period

224.80

Transaction ID : D5E5E80606962452BB62

Amount Incurred This Period

0.00

Payment This Period

224.80

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1930.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MUDSHARE

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTSMailing Address 325 E JIMMIE LEEDS RD
STE 117City
GALLOWAYState
NJZip Code
08205-4126

Outstanding Balance Beginning This Period

1028.76

Transaction ID : D5C529F4FBECF4056929

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1028.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MUDSHARE

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTSMailing Address 325 E JIMMIE LEEDS RD
STE 117City
GALLOWAYState
NJZip Code
08205-4126

Outstanding Balance Beginning This Period

603.64

Transaction ID : DFB96115D356F4195BB7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

603.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

172.24

Transaction ID : D9949184B048D4AC1A00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

172.24

1) **SUBTOTALS** This Period This Page (optional)..... ►

1804.64

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

1.12

Transaction ID : D4569EF8471EA459195D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

6.61

Transaction ID : DE444F6DAA7EB4A71AEC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

4.25

Transaction ID : DBC843C2150C34555BDD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.25

1) **SUBTOTALS** This Period This Page (optional)..... ►

11.98

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

6.36

Transaction ID : D194F8C8D454148609B9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

4.54

Transaction ID : DB542A701F36747C6909

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.54

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

4.12

Transaction ID : D62B4C65328DA4A38A42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.12

1) **SUBTOTALS** This Period This Page (optional)..... ►

15.02

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTSNature of Debt (Purpose):
DIGITAL MANAGEMENT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

103.87

Transaction ID : DB3D6ED94385449AAB66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

103.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTSNature of Debt (Purpose):
DIGITAL MANAGEMENT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

129.00

Transaction ID : D07D4A6C350CD4D39BF0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

129.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTSNature of Debt (Purpose):
ONLINE VOTER CONTACT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : DAA4125AAD4384F1B89D

Amount Incurred This Period

4.35

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.35

1) **SUBTOTALS** This Period This Page (optional)..... ►

237.22

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTSNature of Debt (Purpose):
DIGITAL MANAGEMENT

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

0.00

Transaction ID : D18A672107F894AAE98B

Amount Incurred This Period

6.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

6.44

2) **TOTALS** This Period (last page this line number only)..... ►

4005.30

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

4005.30

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item FACEBOOK, INC.			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
City MENLO PARK	State CA	Zip Code 94025-1456	Transaction ID : E89D12A79495E476E990 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Purpose of Expenditure ONLINE ADVERTISING		Category/Type 	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Name of Federal Candidate: MESSNER, BRYANT 'CORKY', S.,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 1275.20			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item FACEBOOK, INC.			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
City MENLO PARK	State CA	Zip Code 94025-1456	Transaction ID : EA69ABE31A8034A19AB Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Purpose of Expenditure ONLINE ADVERTISING		Category/Type 	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Name of Federal Candidate: MESSNER, BRYANT 'CORKY', S.,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 304.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 359.28 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>WALTER, BARRY, ,</u>			Date MM / DD / YYYY	
[Electronically Filed]			10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee THE NATIONAL ASSOCIATION FOR GUN RIGHTS	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
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Mailing Address 2300 W EISENHOWER BLVD	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.35</div>
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City LOVELAND	State CO	Zip Code 80537-3150	Transaction ID : E84CF5F432A5541E3BD6 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
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Purpose of Expenditure ONLINE VOTER CONTACT; NOT YET PAID.	Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> Category/Type </div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
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Name of Federal Candidate: MESSNER, BRYANT 'CORKY', S.,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
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Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">229.15</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
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Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
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Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.35</div>
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City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
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Purpose of Expenditure	Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> Category/Type </div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
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Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
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Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">229.15</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
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(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
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(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">4.35</div>
-----------------------------------------------------------------	-----------------------------------------------------------------------------------

(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">359.28</div>
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WALTER, BARRY, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature